



**STATE OF TENNESSEE  
DEPARTMENT OF COMMERCE AND INSURANCE  
COLLECTION SERVICE BOARD  
500 JAMES ROBERTSON PARKWAY, 6th FLOOR  
NASHVILLE, TENNESSEE 37243-1155  
615-741-1741 FAX 615-741-1245**

**Location Manager Application**

Thank you for your interest in becoming a Licensed Collection Manager in Tennessee.

Before completing this application please read the Statute, Rules and Regulations carefully. Please pay close attention to Statutes 62-20-108 and 62-20-125.

Please submit:

1. Your completed application form (including photograph);
2. a non-refundable application fee of one hundred (\$100) dollars;
3. a current credit report and
4. a notarized letter stating at least one (1) year of experience with a licensed collection agency.

**Your application must be in the Collection Service Board office ninety (90) days prior to you being scheduled to take the location manager examination.**

Online Application



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NASHVILLE, TENNESSEE 37243  
615-741-1741  
**APPLICATION FOR LOCATION MANAGER**

**PLEASE PRINT OR TYPE**

APPLICANTS FULL NAME

STREET

CITY

ZIP CODE

PLACE OF BUSINESS

STREET

CITY

ZIP CODE

RESIDENT TELEPHONE NUMBER

BUSINESS TELEPHONE NUMBER

SOCIAL SECURITY NUMBER

DATE OF BIRTH

PLACE OF BIRTH

BOARD'S USE ONLY - DO NOT WRITE IN THIS SPACE

DATE APPLICATION REVIEW

DATE APPLICATION APPROVED

APPROVED BY

DATE OF APPLICANT INTERVIEW

DATE APPLICANT APPROVED FOR TESTING

TEST RESULTS

PASSED

FAILED

EDUCATION

\_\_\_\_\_  
HIGH SCHOOL

\_\_\_\_\_  
GED

\_\_\_\_\_  
CITY AND STATE OF HIGH SCHOOL OR GED TAKEN

\_\_\_\_\_  
YEAR GRADUATED OR GED RECEIVED

EXPERIENCE

\_\_\_\_\_  
CURRENT EMPLOYER

\_\_\_\_\_  
STREET

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP CODE

\_\_\_\_\_  
DATE OF EMPLOYMENT

\_\_\_\_\_  
INDIVIDUAL IN CHARGE

In the space below list all employment for immediate past three (3) years (other than current) whereby experience was obtained in a business which is governed by laws similar to those laws which govern a licensed collection service, including, (but not limited to) the Fair Debt Collection Practices Act. Describe your duties in detail - identify your immediate supervisor and/or individual in charge and list dates of the employment.

ATTACH ADDITIONAL SHEET IF NECESSARY

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ATTACH NOTARIZED LETTER OR LETTERS FROM COLLECTION SERVICES BOARD LICENSEES  
AFFIRMING YOUR EXPERIENCE IN COLLECTION RELATED WORK**

1. ARE YOU A LICENSED ATTORNEY? YES \_\_\_\_\_ NO \_\_\_\_\_

a. HAS YOUR LICENSE TO PRACTICE BEEN SUSPENDED AND/OR REVOKED IN THE PAST SEVEN (7) YEARS? YES \_\_\_\_\_ NO \_\_\_\_\_

2. HAVE YOU PREVIOUSLY TAKEN A COLLECTION SERVICE MANAGER EXAMINATION?  
YES \_\_\_\_\_ NO \_\_\_\_\_

a. DATE/DATES EXAMINATION TAKEN \_\_\_\_\_

b. DATE EXAMINATION WAS SUCCESSFULLY PASSED  
\_\_\_\_\_

c. HAVE YOU EVER BEEN DENIED A LICENSE BY THE TENNESSEE COLLECTION SERVICE BOARD? YES \_\_\_\_\_ NO \_\_\_\_\_

d. HAVE YOU EVER BEEN DENIED A LICENSE IN THE COLLECTION INDUSTRY BY ANOTHER STATE? YES \_\_\_\_\_ NO \_\_\_\_\_

3. WITHIN THE PAST SEVEN (7) YEARS, HAVE YOU:

a. BEEN CONVICTED IN ANY COURT OF FRAUD? YES \_\_\_\_\_ NO \_\_\_\_\_

b. BEEN CONVICTED IN ANY COURT OF ANY FELONY? YES \_\_\_\_\_ NO \_\_\_\_\_

c. BEEN CONVICTED IN ANY COURT OF ANY MISDEMEANOR? YES \_\_\_\_\_ NO \_\_\_\_\_

d. HAD ANY JUDGEMENT ENTERED AGAINST YOU IN ANY COURT FOR FAILING TO ACCOUNT TO ANY CLIENT FOR MONEY OR PROPERTY COLLECTED? YES \_\_\_\_\_ NO \_\_\_\_\_

e. FILED A PETITION UNDER THE FEDERAL BANKRUPTCY LAWS OR STATE INSOLVENCY LAWS, OR HAS HAD A RECEIVER, FISCAL AGENT OR SIMILAR OFFICER APPOINTED BY A COURT FOR YOUR BUSINESS OR PROPERTY? YES \_\_\_\_\_ NO \_\_\_\_\_

4. HAVE THERE BEEN ANY WARRANTS ISSUED AGAINST YOU FOR CHECKS WRITTEN WHERE FUNDS WERE INSUFFICIENT? YES \_\_\_\_\_ NO \_\_\_\_\_

5. HAVE YOU EVER HAD ACCOUNTS PLACED WITH AN ATTORNEY OR COLLECTION AGENCY FOR COLLECTION? YES \_\_\_\_\_ NO \_\_\_\_\_

**NOTE:** IF THE ANSWER TO ANY OF THE ABOVE QUESTIONS ARE "YES" PLEASE PROVIDE ATTACHED INFORMATION EXPLAINING CIRCUMSTANCES AND OUTCOMES.  
USE A SEPARATE SHEET OF PAPER FOR THIS INFORMATION.

6.LIST ALL RESIDENCES FOR THE PAST SEVEN (7) YEARS:

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7.GIVE NAME, ADDRESS AND TELEPHONE NUMBER OF THREE (3) PERSONS HAVING FIRST HAD KNOWLEDGE OF YOUR JOB EXPERIENCE AND CHARACTER:

NAME

STREET

CITY

STATE

ZIP CODE

TELEPHONE NUMBER

=====

NAME

STREET

CITY

STATE

ZIP CODE

TELEPHONE NUMBER

=====

NAME

STREET

CITY

STATE

ZIP CODE

TELEPHONE NUMBER

=====

I HEREBY AGREE THAT THE TENNESSEE COLLECTION SERVICE BOARD MAY USE ALL SOURCES TO VERIFY INFORMATION SHOWN ON THIS APPLICATION.

I UNDERSTAND ANY FALSE INFORMATION MAY CAUSE DISQUALIFICATION.

\_\_\_\_\_  
CITY COUNTY STATE ZIP CODE

\_\_\_\_\_  
APPLICANTS SIGNATURE

ATTACH SMALL PHOTOGRAPH BELOW  
TAKEN WITHIN THE LAST TWELVE MONTHS  
(BUST ONLY)

**AFFIDAVIT**

(TO BE ATTESTED BEFORE A NOTARY  
PUBLIC OR OTHER OFFICER AUTHORIZED TO  
ADMINISTER OATHS)

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

ON THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_, BEFORE ME, A NOTARY PUBLIC

IN AND FOR THE COUNTY AND STATE AFORESAID, CAME \_\_\_\_\_

\_\_\_\_\_ A RESIDENT OF \_\_\_\_\_

COUNTY AND STATE OF \_\_\_\_\_ KNOWN TO ME AS  
THE PERSON HEREIN DESCRIBED AND SUBSCRIBING HERETO, AND AS HAVING SIGNED THE FORM OF  
APPLICATION ATTACHED HERETO, AND ON OATH DEPOSES AND SAYS THAT THE STATEMENTS MADE  
ARE TRUE.

SUBSCRIBED AND SWORN TO BEFORE ME, THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_

NOTARY PUBLIC \_\_\_\_\_

(SEAL)

COMMISSION EXPIRES \_\_\_\_\_